## RECEIVED FEC MAIL CENTER

2017 FEB -6 PM 12: 00

Committee Name:
COMPASS USA
If registered, FEC ID:
Today's Date:
01/31/2017
Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463
Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

SHERIF ELKHOULY

, Treasurer

## 2017 - 02 - 06 - 08 - 00189089

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

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NAME OF     COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	]
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COMMITTEE'S E-MAIL ADD	RESS				
(Check if address is changed)	selk	houly@integryta	s <sub>r</sub> com		
	Option	al Second E-Mail Ad	ddress		
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COMMITTEE'S WEB PAGE  (Check if address is changed)		URL)			
2. DATE 01	31 /	2017			
3. FEC IDENTIFICATION	NUMBER	<b>▶</b> C			
4. IS THIS STATEMENT	X NE	W (N) OR	AMENDED (A)		
I certify that I have examine	ed this State	ment and to the bes	st of my knowledge and belief	it is true, correct and comp	olete.
Type or Print Name of Trea	surer	SHERIF EL	KHOUY		
Signature of Treasurer	94 C	<u>\</u>		Date O.I 3.	1 2017
NOTE: Submission of false, e			n may subject the person signing		ties of 52 U.S.C. §30109
Office Use Only			For further Information Federal Election Commi Toll Free 800-424-9530	ssion FEV	C FORM 1 vised 06/2012)

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FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
Candida	te Committee:	•
(a)	This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Co	mmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	
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FICE Form 1 (Revised 02/20/09)  Write or Type Committee Name  COMPASS USA  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committe books and records.  Full Name  Trille or Position CITY STATE ZIP CODE  TREASURER Telephone number Telephone number optional of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name  CHARLOTTE NEW DRIVE  Mailing Address  LOGAL TREASURER SHERIF ELKHOULY  Trille or Position  TREASURER SHERIF ELKHOULY  Trille or Position  TREASURER Telephone number TOPA J 842 J 7211, Telephone numbe	FFC Form 1 (Pavis	sed 02/2009) Page <b>3</b>	
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  Mailing Address  Mailing Address  CITY  STATE  ZIP CODE  Relationship: Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Mailing Address  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name  of Treasurer  SHERIF, ELKHOULY  Mailing Address  Liy CODE  Treasurer  STATE  ZIP CODE  Treasurer  List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name  of Treasurer  List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name  of Treasurer  List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name  of Treasurer  List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).			_
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CHARLOTTE NC 28269 - Title or Position	Full Name  Mailing Address  Title or Position  TREASURER  Treasurer: List the name	CITY STATE ZIP CODE  Telephone number	
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FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent LILL			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		elephone number	J-[
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		the committee deposits funds	s, holds accounts, rents
BANK	OF AMERICA		
Mailing Address	3021 PROSPERITY CHURCH RD		
	CHARLOTTE	NC NC	28269
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.	······································	
Mailing Address			
	CITY	STATE	ZIP CODE

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agg E Street, MW

Federal Election Commission

Weshington, DC 20463

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	
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PREPARER	